

New Account Application

The City of Hokah is an equal opportunity provider & employer.

City of Hoka 211 Main Street PO Box 311

Hokah, MN 55941

Phone 507-894-4990 Fax 507-894-3777

WELCOME!

The City of Hokah provides the following services to our residents.

Water

Sewer

Sewer Garbage

		PPLICATION	
Please fill out the following information and return	to City Hall.		
Name: First:	_ Middle:	L	ast:
P.O. Box: Str	reet Address:		
Date of Birth:		E-mail:	
Home Phone:	v	/ork Phone:	
Previous Address:	City		State
City Garbage Tote: (check one) 32 Gallon: *The tote fee will be charged to your utility account. The information regarding race, color, or national origin designat prohibiting discrimination o the basis of race, color, or national onto be used in evaluating your request for services or to discrimiyour race/color/national origin on the basis of visual observation Racial Categories (Check one) American Indian or Alaskan NativeAsianBlack or African AmericanNative Hawaiian or Pacific IslanderWhite	tion is requested to assure rigin. You are not require nate against you in any wa or surname. Ethnic Categorie: Hispanic or Not Hispanic	the Federal Government that the d to furnish this information buy. However, if you choose not to the second	it are encouraged to do so. This information wil furnish this information, we are <u>required</u> to note
For Office Use Only			•••••
Date:	Inspected by	<i>r</i> :	
	Manual Mate	or Poading	